



IFW 1632
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Joel S. Greenberger

Title: PROTECTION FROM IONIZING
IRRADIATION OR
CHEMOTHERAPEUTIC DRUG
DAMAGE BY *IN VIVO* GENE
THERAPY

Appl. No.: 08/907,041

Filing Date: 08/06/1997

Examiner: S. Chen

Art Unit: 1632

AMENDMENT AND REPLY UNDER 37 CFR 1.111

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This communication is responsive to the non-final Office action dated December 15, 2003, concerning the above-referenced patent application.

Amendments to the Specification begin on page 2 of this document.

Remarks begin on page 2 of this document.

Please amend the application as follows:



Atty. Dkt. No. 076333-0108

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DAMAGE BY *IN VIVO* GENE
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Appl. No.: 08/907,041

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AMENDMENT TRANSMITTAL

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[X] The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	32	-	33	=	0	x	\$18.00	=	\$0.00
Independent Claims:	2	-	3	=	0	x	\$86.00	=	\$0.00
First presentation of any Multiple Dependent Claims:							+	\$290.00	= \$0.00
CLAIMS FEE TOTAL									= \$0.00

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☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/> Extension for response filed within the first month:	\$110.00	\$0.00
<input checked="" type="checkbox"/> Extension for response filed within the second month:	\$420.00	\$420.00
<input type="checkbox"/> Extension for response filed within the third month:	\$950.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fourth month:	\$1,480.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fifth month:	\$2,010.00	\$0.00
EXTENSION FEE TOTAL:		\$420.00
<input checked="" type="checkbox"/> Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$110.00	\$110.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$530.00
<input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):		\$0.00
TOTAL FEE:		\$530.00

☒ A check in the amount of \$530.00 is enclosed.

[X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 14 May 2004

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Facsimile: (202) 672-5399

By S. A. Bent

Stephen A. Bent
Attorney for Applicant
Registration No. 29,768